



Presented by:  
U.S. Department of Labor  
National Governors' Association, Center for Best Practices  
AFL-CIO Working for America Institute



# THE NATIONAL DISLOCATED WORKER CONFERENCE 2000

OCTOBER 11-13, 2000 • HILTON MINNEAPOLIS AND TOWERS • MINNEAPOLIS, MINNESOTA

## REGISTRATION FORM Please complete all sections of this form and submit with payment.

FULL NAME \_\_\_\_\_  
BADGE NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
AGENCY/ORGANIZATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

### ATTENDEE AFFILIATIONS

- |   |   |
|---|---|
| <input type="checkbox"/> Federal Government       | <input type="checkbox"/> State Government       |
| <input type="checkbox"/> Local Government         | <input type="checkbox"/> Association/Non-Profit |
| <input type="checkbox"/> Private Sector           | <input type="checkbox"/> Union                  |
| <input type="checkbox"/> Trade                    | <input type="checkbox"/> Rapid Response         |
| <input type="checkbox"/> One-Stop                 | <input type="checkbox"/> Higher Education       |
| <input type="checkbox"/> Dislocated Worker        | <input type="checkbox"/> WIB Partners           |
| <input type="checkbox"/> Labor Market Information | <input type="checkbox"/> Other: _____           |

### JOB RESPONSIBILITY

- |  |   |
|--|---|
| <input type="checkbox"/> Administrator                 | <input type="checkbox"/> Program Manager        |
| <input type="checkbox"/> Planner                       | <input type="checkbox"/> WIB Member             |
| <input type="checkbox"/> Financial Manager             | <input type="checkbox"/> Educator               |
| <input type="checkbox"/> One-Stop Service Provider     | <input type="checkbox"/> State Council Member   |
| <input type="checkbox"/> Training Provider             | <input type="checkbox"/> Career Center Manager  |
| <input type="checkbox"/> Other (please specify): _____ | <input type="checkbox"/> Practitioner           |
|  | <input type="checkbox"/> Service Delivery Staff |

### OPTIONAL PAYMENT PROCEDURE

\$\_\_\_\_\_ Mall of America Tour  
(\$20.00 per person; minimum of 30 people)

\$\_\_\_\_\_ Tony n' Tina's Wedding  
(\$40.00 per person; minimum of 15 people)

\$\_\_\_\_\_ Dine Around  
(\$40.00 per person; minimum of 20 people)

\$\_\_\_\_\_ **Total Amount of Registration Fee**

Checks only. Credit cards not excepted for Optional Events. Please make check payable to:

**PRICE DANIEL COMMUNICATIONS INC.**  
c/o Price Daniel Communications, Inc.  
3900 South Wadsworth Blvd., Suite 370  
Lakewood, Colorado 80235

### SPECIAL REQUIREMENTS

Please indicate any special arrangements you may require:

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Low Fat Meal | <input type="checkbox"/> Assisted Listening Device |
| <input type="checkbox"/> Vegetarian   | <input type="checkbox"/> Braille                   |
| <input type="checkbox"/> Low Sodium   | <input type="checkbox"/> Large Print               |
| <input type="checkbox"/> Wheelchair   | <input type="checkbox"/> Sign Language Interpreter |

Contact the hotel directly if you need an accessible sleeping room.

### REGISTRATION PAYMENT PROCEDURE

☐ \$275 Early-Bird Registration Fee  
(Paid on or before September 27, 2000)

☐ \$375 Regular Registration Fee  
(Received after September 27, 2000)

\$\_\_\_\_\_ **Total Amount of Registration Fee**

☐ Visa ☐ MasterCard Exp.Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Name As It Appears on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Please make check or money order payable to the National Governors' Association. Do not send cash. Mail registration form and payment to:

**NATIONAL GOVERNORS' ASSOCIATION**  
c/o Price Daniel Communications, Inc.  
3900 South Wadsworth Blvd., Suite 370  
Lakewood, Colorado 80235  
Phone: (888) 500-5266  
Fax: (303) 989-8612  
Email: nga@pricedaniel.com